

# 2007 Cost Report Service Objectives

# APPENDIX M

Medicaid Codes	Service Name	Billing Unit
H0001	Behavioral Health Assessment	15 min
H0004	Behavioral Health Counseling and Therapy	15 min
H0004 HQ	DMH Outpatient Treatment Group	15 min
H0004 HR	DMH Outpatient Tx Family Therapy w/ Client	15 min
H0004 HS	DMH Outpatient Tx Family Therapy w/o Client	15 min
H0005	Alcohol & Drug Counseling-Group	15 min
H0010	Non-Hospital Medical Detoxification	Daily
H0012 HB	Non-Medical Community Residential Treatment - Adult	Daily
H0013	Medically Monitored Community Residential Treatment	Daily
H0014	Ambulatory Detoxification	15 min
H0015	Substance Abuse Intensive Outpatient Program	Daily
H0019	HRI Level III – 4 Beds or Less	Daily
H0019	HRI Level III – 5 Beds or More	Daily
H0019	HRI Level IV	Daily
H0020	Alcohol &/or Drug Services; methadone administration	Event
H0031	Mental Health Assessment	15 min
H0035	DMH Partial Hospitalization - Children/Adults	Event
H0036 HA	Community Support - Individual - Child	15 min
H0036 HB	Community Support - Individual - Adult	15 min
H0036 HQ	Community Support Group (2 or more clients)	15 min
H0040	Assertive Community Treatment Team (ACTT)	Event
H0045	CAP - Respite Care - Institutional	Daily
H0046	Mental Health Services, Not Otherwise Specified (HRI Level I - Foster Care)	Daily
H2011	Mobile Crisis Management (MH/SA)	15 min
H2011	CAP - Crisis Services	15 min
H2012 HA	Child & Adolescent Day Tx	Hourly
H2015	CAP - Home & Community Support Individual	15 min
H2015 HQ	CAP - Home & Community Support Group (2 or more clients)	15 min
H2015 HT	Community Support Team (MH/DA) (SCT)	15 min
H2016	CAP - Residential Supports Level 1	Daily
H2016 HI	CAP - Residential Supports Level 4	Daily
H2017	DMH Psychosocial Rehabilitation	15 min
H2020	Therapeutic Behavioral Services (HRI Level II - Group Homes)	Daily
H2022	Intensive In-Home Services	Daily
H2025	CAP - Supported Employment - Individual	15 min
H2025 HQ	CAP - Supported Employment - Group	15 min
H2033	Multi-systemic Therapy (MST)	15 min
H2035	SA Comprehensive Outpatient Treatment Program	Hourly
H2036	Medically Supervised or ADATC Detoxification/Crisis Stabilization	Daily
S5102	CAP - Adult Day Health Care Services	Daily
S5110	CAP - Individual Caregiver Training & Education	15 min
S5125	CAP - Personal Care Services	15 min
S5145	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Daily
S5150	CAP - Respite Non-Institutional Individual	15 min
S5150 HQ	CAP - Respite Non-Institutional Group (2-3 clients)	15 min
S5161	CAP - PERS	Monthly
S5165	CAP - Home Modifications	*
S9484	Crisis Intervention (Facility Based Crisis)	Hourly
T1005	CAP - Enhanced Respite Care	15 min
T1005 TD	CAP - Respite Care - Nursing Level RN	15 min
T1005 TE	CAP - Respite Care - Nursing Level LPN	15 min
T1017 HI	Targeted CaseManagement	15 min

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## APPENDIX M

Medicaid Codes	Service Name	Billing Unit
T1019	CAP - Enhanced Personal Care	15 min
T1023	Diagnostic Assessment (MH/SA)	Event
T1999	CAP - Specialized Equipment and Supplies	*
T2001	CAP - Transportation	*
T2014	CAP - Residential Supports Level 2	Daily
T2020	CAP - Residential Supports Level 3	Daily
T2021	CAP - Day Support Individual	15 min
T2021 HQ	CAP - Day Support Group (2 or more clients)	15 min
T2025	CAP - Specialized Consultative Service	15 min
T2028	CAP - Augmentative Communication Devices - Purchase	*
T2039	CAP - Vehicle Adaptations	*
V5336	CAP - Augmentative Communication Devices - Repairs/Service	*
	Administration	N/A
	CPT Codes	Event
	General Non-UCR Expenditures	N/A
	General Support	N/A
	Non Medicaid Service	N/A
	Other Direct Support	N/A
	Systems Management	